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# *Alcohol and Drug Policies A Guide for School Boards*

*Addiction Research Foundation 1988*

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# *Alcohol and Drug Policies A Guide for School Boards*



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**Board of Education for the City of York**

**Health Promotion and Treatment Services Coordinating and Advisory Committees of the Community Services Division, Addiction Research Foundation**



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# Introduction

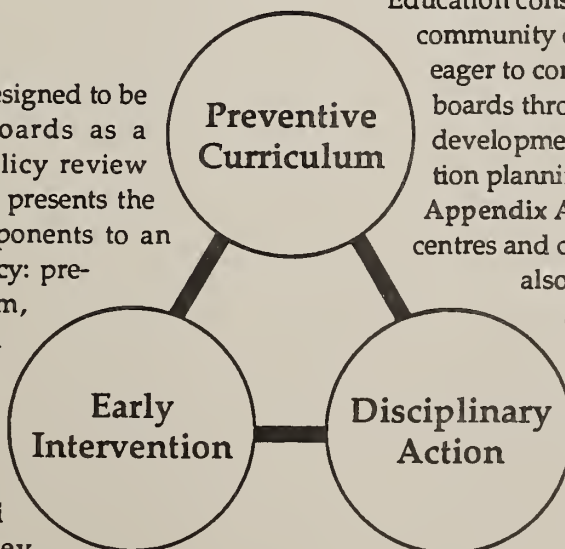
## How can our schools best address the problems of alcohol and drug use among students?

Increasingly, senior school board officials across Ontario have been asking themselves that question. The broad issue of alcohol and drug use among young people has become, in recent months, a subject of growing public concern and discussion. Parents and community groups are calling for more effective school-based initiatives to prevent and combat substance abuse among students.

The challenge the schools confront is considerable: to play an appropriate educational role in terms of alcohol and drug use and to do so in a manner that balances effectiveness, manageability and legal issues and concerns. The Addiction Research Foundation has developed *Alcohol and Drug Policies: A Guide for School Boards* to help school boards develop alcohol and drug policies that are comprehensive, workable, and legally sound.

### A working tool

This ARF guide is designed to be used by school boards as a working tool in policy review and development. It presents the three essential components to an effective school policy: preventive curriculum, early intervention and disciplinary action. There's a concise discussion of each area, including goals and objectives. The key



planning and resource issues are outlined.

Finally, ARF has developed a complete model school policy that demonstrates how all the key issues can be incorporated into clear guidelines for board action. To ensure your board has a complete and up-to-date perspective on the legal dimensions, ARF has developed a companion document: *The Legal Rights, Powers and Obligations of Educators Regarding Student Alcohol and Drug Use*.

### ARF is here to help

Armed with the perspective and information provided here, your board is in an excellent position to develop more effective alcohol and drug policies. This ARF guide provides both a context within which to undertake the development process and a model that can be easily adapted to meet the unique needs of your community.

The Addiction Research Foundation has a range of services and resources available to school boards across the province.

Education consultants in ARF's 30 community centres are ready and eager to consult with interested boards through the policy development and implementation planning process (see Appendix A for a listing of ARF centres and consultants). ARF can also provide you with access to a wide range of essential resources: staff training, curriculum guides, and awareness and education materials in all

*"The broad issue of alcohol and drug use among young people has become, in recent months, a subject of growing public concern and discussion."*



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media. Over the coming months and years, ARF will be augmenting its current school programming with an expanded array of training services and education resources. (School boards who wish to address the issue of staff use of alcohol and drugs can also turn to the nearest ARF centre for information on developing an Employee Assistance Program.)

• • •

Preventing and combatting alcohol and drug problems among Ontario's young people is an issue of the highest public concern. An effective, legally sound alcohol and drug policy is the appropriate board response to the call from parents and community groups for expanded school-based initiatives. The Addiction Research Foundation is committed to working with you over the coming months and years to develop policies that work: for your board — for your schools — and for your students.

*"An effective, legally sound alcohol and drug policy is the appropriate board response to the call from parents and community groups for expanded school-based initiatives."*



# **1 Alcohol and Drug Use among Ontario Students**

*Educators should appreciate the general patterns of student alcohol and drug use in order to gain a realistic sense of priorities. For example, many trustees and board employees believe that cannabis and other illicit drugs pose the most serious threat to students and should receive the greatest emphasis in board policy. This perception is not supported by the facts.*

*Alcohol is the most widely used drug. Over 68 per cent of Ontario students in grades 7 to 13 report consumption over a one-year period. A further 24 per cent report using tobacco; 16 per cent use cannabis. The use of other drugs ranges from 8 per cent for stimulants to about 1 per cent for PCP.*

*Among alcohol and drug users, a small core uses each at potentially harmful levels. The use of alcohol and most other drugs tends to increase from grades 7 through 9, peaking among grade 11 students. With a few exceptions — alcohol, cannabis, and cocaine — use tends to drop off in grade 13.*





Use of alcohol and other drugs is quite widespread. The Addiction Research Foundation surveys a representative sample of Ontario students every two years to determine levels of drug use. The findings of these surveys can be obtained from any Foundation centre in Ontario. Statistics cited in this section are drawn from the 1987 survey.

### Prevalence of alcohol and drug use

As the chart below shows, alcohol and tobacco are still the most widely used of all drugs. About 68 per cent of students in grades 7 to 13 report that they use alcohol while 24 per cent report using tobacco. Over 46 per cent of those students who reported drinking (or 21 per cent of all students) said they consumed five or more drinks on at least one occasion in the month prior to the survey. This level of consumption poses a serious threat to health and safety.

Of the smokers, 49 per cent are males

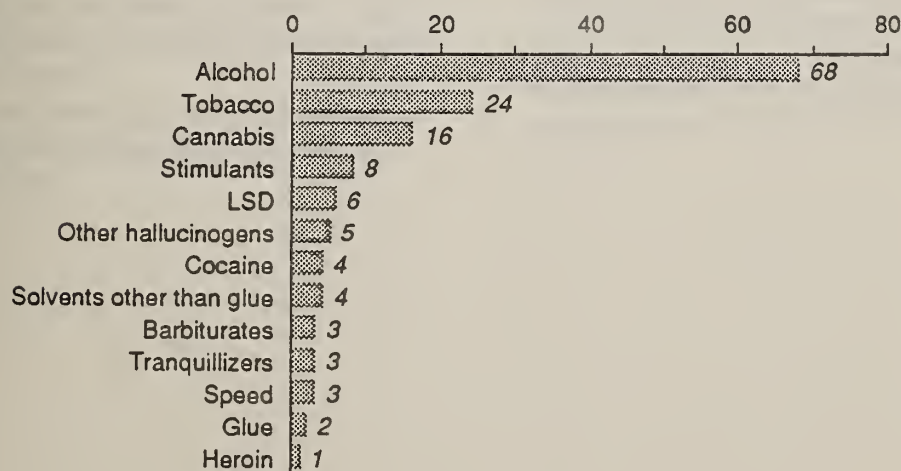
and 51 per cent are females. About 18 per cent of smokers (or 4 per cent of all students) report smoking more than 10 cigarettes a day — a hazardous level of consumption. Male students comprise 53 per cent of these heavy smokers while females account for 47 per cent.

The use of other drugs is less widespread: 16 per cent of the students report consumption of cannabis at least once in the year preceding the survey. Ninety per cent of these students indicated that they had not used cannabis in the four weeks preceding the survey. Approximately 13 per cent of those who use cannabis (or 2.08 per cent of all students) reported heavy consumption — using cannabis more than five times per week.

Use of other drugs in the year preceding the survey ranges from 8 per cent for stimulants to 1 per cent for PCP. Most of these students reported very infrequent use, that is, only once or twice in the previous 12 months.

*"The Addiction Research Foundation surveys a representative sample of Ontario students every two years to determine levels of drug use."*

Chart: Percentage of Ontario students grades 7 to 13 reporting use at least once in the prior year.



Source: Addiction Research Foundation Ontario School Surveys, 1987.





Table: Percentage of Ontario students grades 7 to 13 reporting use at least once in the prior year.

Drug (Non-medical use)	Grade				All students
	7	9	11	13	
	(percentage of use)				
Alcohol	44	65	85	89	68
Tobacco	10	25	32	31	24
Cannabis	4	12	24	31	16
Stimulants	2	7	13	10	8
LSD	3	5	10	6	6
Other hallucinogens	1	3	8	8	5
Cocaine	2	3	5	6	4
Barbiturates	1	3	5	3	3
Tranquillizers	1	3	4	3	3
Speed	2	3	5	2	3
Solvents other than glue	7	3	3	*	4
Glue	4	3	1	*	2
Heroin	2	1	1	*	1

\*less than 1 per cent, but greater than 0

Source: Addiction Research Foundation Ontario School Surveys, 1987.

*"Students who use more than one drug tend to be considered at greater risk than those using only a single substance."*

## Trends in alcohol and drug use

The table above compares the overall use for each substance with reported use within the grades surveyed.

The general trend is for use to increase from grade 7 through grade 9, peaking at grade 11. The use of most substances then stabilizes or declines in grade 13, with the three exceptions being alcohol, cannabis, and cocaine.

The use of glue and other solvents tends to decrease as the grade level increases.

Students who use more than one drug tend to be considered at greater risk than those using only a single substance. Overall, 28 per cent of students report that they use no drugs at all. Of the 72 per cent who admit use, 53 per cent report consuming only one substance. A further 22 per cent report using two substances, and 11 per cent report using three. The remaining 14 per cent report using four or more substances over the course of the previous year.



## Classifying alcohol and drug problems

The problems caused by alcohol and drug use can be grouped into four main categories: health problems, social problems, personal problems, and legal problems. Each can cause potential disruption to learning ability and to the learning environment for all students.

### Health problems

Most often safety-related, these involve injuries and other forms of disability which arise primarily as a result of accidents. Also included are hangovers, general fatigue, and the attendant impediments to learning.

### Social problems

Alcohol and drug use can lead to loss of friends and a deterioration in social functioning. Alienation from family and conflict with authority may characterize some users. Academic standing may fall along with interest and accomplishment in other areas, particularly sports and extra-curricular activities.

**Personal problems** Very often these include a deterioration in the student's self-image (which may already be low), feelings of powerlessness, and bouts of depression. Among heavier users, these problems can lead to an alienation from reality and even to suicide.

**Legal problems** The public consumption of tobacco is illegal for anyone under 16 years of age, as is any use or possession of alcohol by anyone under 19 years of age except when consumed in a residence under the supervision of a parent or guardian. Other offences related to alcohol consumption (such as drinking and

driving) and the possession of illicit drugs apply to all ages. Being arrested is a traumatic and frightening experience. Subsequent trial, conviction, and sentencing can cause permanent harm to the student who is arrested. As well, those convicted of a federal offence will have a criminal record.

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The facts suggest that heavy alcohol and tobacco consumption pose by far the greatest threat to the well-being of students. Cannabis use ranks third, with all other drugs ranking substantially lower. This is not to say that problems associated with these drugs should be of no concern. But it does put into perspective the relative contribution each type of drug makes to the overall problem.

*"The facts suggest that heavy alcohol and tobacco consumption pose by far the greatest threat to the well-being of students."*





## 2 Preventive Curriculum

*Most alcohol and drug use begins during the years at school. The education system is well placed to take preventive measures. An effective prevention program discourages students from adopting risk consumption practices.*

*The cornerstone of a school-based prevention program is education. A preventive curriculum can be adapted from existing curricula and program packages developed by outside agencies such as the Addiction Research Foundation. Linked to students' developmental stages and use patterns, a good preventive curriculum extends through all grade levels. The curriculum should not be confined to health classes. Rather, it should be incorporated into a spectrum of subject areas. Course materials can also be supplemented by informal school activities to promote awareness and reinforce the formal curriculum.*





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Schools can use a preventive curriculum to reduce the rates at which alcohol and drug problems occur. If, for example, eight students in 1,000 are involved in alcohol-related motor vehicle collisions each year, a successful preventive curriculum might help reduce that rate by 50 per cent to four students in 1,000.

The curriculum component of an alcohol and drug policy involves establishing a preventive curriculum and a set of informal activities to supplement classroom programs.

### Goals and objectives of the preventive curriculum

Although goals may vary from one school board to the next, the primary focus should be on reducing the incidence of alcohol- and drug-related problems among students. Consider the following goal:

*The goal of a preventive curriculum is to reduce the incidence of alcohol- and drug-related problems among students by implementing a preventive education curriculum and associated activities.*

Within this goal school boards can formulate more specific objectives for primary, intermediate, and senior grade levels. For example:

- To establish feelings of positive self-worth and personal competence among students
- To help students develop the ability to differentiate between the beneficial and harmful uses of drugs
- To give students precise knowledge about "low-risk" and "risk" uses of alcohol
- To help students understand the harmful health, social, personal, and legal consequences associated with alcohol and drug use, and understand that these consequences are serious and undesirable
- To establish among students a sense that they are personally susceptible to the consequences of illegal or "risk" use of alcohol and drugs
- To reduce the proportion of students who drink under age or use illicit drugs
- To reduce harmful consumption levels and practices among students who do use alcohol or drugs
- To help students develop effective decision-making and communication skills

Local boards can generate specific objectives for each grade and subject. Taken as a group, the objectives should describe the progression of the preventive curriculum through every grade level.

### Laying the foundations

School boards should clearly identify and communicate to students a set of recommended practices with respect to alcohol and drug use:

- No use of tobacco (although using tobacco is legal for anyone over 16 years of age, its use is strongly associated with health problems)
- No use of alcohol before the age of 19
- No use or low-risk use of alcohol after the age of 19 ("low-risk" refers to consumption practices which do not have a strong association with problems)
- No use of illicit drugs or inhalants
- Use of prescription drugs only as indicated by a physician

The success of the preventive curriculum depends entirely on the extent to which students know and subscribe to these five recommended practices.

*"School boards should clearly identify and communicate to students a set of recommended practices with respect to alcohol and drug use."*





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## Scope of a preventive curriculum

A comprehensive curriculum begins at the primary level and extends through to the end of the secondary level. It is cumulative, with the material for each year building on that of preceding ones. It is linked to the developmental stages of students and cross-referenced with patterns of alcohol and drug use so that lessons will be correctly targeted.

A good preventive curriculum is broad, extending to a variety of subjects including health, driver education, law, human studies and so on. Finally, it can be supplemented by a variety of informal activities that enhance the formal classroom activities. These could include awareness weeks, poster contests, special assemblies, field trips, and activities which involve parents or guardians. Prevention efforts can be aimed at promoting positive attitudes and behaviour.

## Resources for a preventive curriculum

**Staff** It may be necessary to allocate staff to the development and implementation of the curriculum. Boards can designate specific funds and staff time to the process and establish a schedule for the completion of various policy development and implementation stages.

**Training** Implementing the curriculum will involve introducing new topics and lessons into the classroom. Teachers, department heads, vice-principals, and principals will need an orientation to alcohol and drug programming and specific instruction in the units they will teach. Follow-up training events will be needed each year to maintain participation rates and to refine the programs. Boards can designate specific funds to ensure that the implementation of the preventive curriculum is as complete as possible.

**Other resources** In many cases the actual lessons will be program packages developed by outside agencies and adopted by the board. This will require the acquisition of a variety of program resources including lesson plans, hand-out materials, posters and displays, and audio-visual materials. Again, boards can ensure widespread implementation if they specifically establish the availability of funds within their policies.

The community will often have a variety of agencies and other resources which can provide consultative services, training, programs, and materials. The policy should encourage the development of working relationships and collaborative ventures with these groups.

• • •

Creating an effective preventive curriculum takes more time and energy than any other part of the implementation of an alcohol and drug policy. But it is a crucial investment. In the end, prevention is the most efficient way to deal with alcohol and drug problems. With the right information, students themselves will become the school's greatest allies in prevention.

*"In many cases the actual lessons will be program packages developed by outside agencies and adopted by the board."*



### 3 Early Intervention

*Despite the best preventive efforts, some alcohol and drug use will always exist among students. The goal of an early intervention program is to reduce usage and the associated problems as much as possible.*

*Students who have problems can be encouraged to ask for assistance themselves or be identified by school staff or other responsible adults. A counsellor or designated teacher receives all referrals and, through a preliminary interview, determines whether an alcohol or drug problem exists. For minor problems, the counsellor can offer the student a series of counseling sessions. For more serious problems, he or she can refer the student to the community addictions services.*

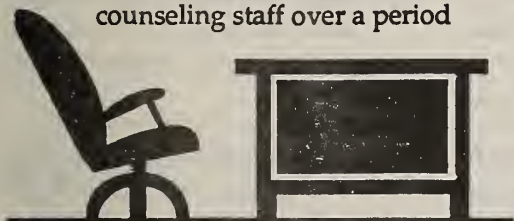
*In many cases a counsellor will have to grant and respect student confidentiality. Nevertheless, counseling staff must balance such agreements against the parent or guardian's right to know and to be involved in the recovery process.*

*To implement an early intervention program, the counseling staff will require special training and the rest of the school staff will need general orientation.*





Some alcohol and drug problems will continue to develop despite best efforts at prevention. A comprehensive alcohol and drug policy addresses the situation by establishing a system to identify problems and introduce appropriate interventions. Typically, intervention would consist of one or two sessions per week with counseling staff over a period



ranging from one week to three months. If the counsellor judges the situation to be more serious than that, he or she may refer the student to a community addictions assessment centre or another local resource.

## Goals and objectives of the early intervention component

A goal statement for the intervention component of a board policy might read:

*The goal of early intervention is to reduce and, where possible, to eliminate the use of alcohol and drugs which is likely to cause problems and to reduce the number of existing cases of alcohol- and drug-related problems, through the implementation of accessible assessment, counseling, and referral services.*

Consistent with the overall goal, a number of more specific objectives can be identified, including the following:

- To reduce harmful and illegal consumption practices among students who enter the program
- To provide appropriate staff with assessment, counseling, and referral skills relating to student alcohol and drug use and problems
- To orient all staff to the early intervention program and how to initiate student access to it

- To inform all students and their parents of the existence of the early intervention program and how to gain access to it

## Characteristics and severity of problems

When assessing a student's problems relating to alcohol or drug use, three things need to be considered:

- 1** The nature and extent of the student's drug or alcohol use
- 2** The range and type of undesirable consequences, including a description of the health, social, personal, and legal consequences which have emerged
- 3** The reasons for harmful consumption practices

These three aspects can form a destructive cycle: 1) the student uses alcohol or drugs, 2) this use causes problems, which 3) in turn become reasons for more alcohol or drug use.

Boards should consider the specific circumstances under which they wish to intervene. The assessment chart on the next page lists four categories of student consumption along with possible board responses.

The preventive curriculum is directed toward the first and second categories on the chart; the intervention component should be directed toward the students whose behaviour falls into the third and fourth categories. Some students in the third category would be candidates for an in-house early intervention program. Others in the third category whose problems are more serious, along with students in the fourth category, should be referred to a local addictions assessment service for assistance.

*"Some alcohol and drug problems will continue to develop despite best efforts at prevention."*



Chart: Four categories of behaviour with possible board responses.

Behaviour	Possible response
<b>1</b> No consumption of alcohol or drugs	<i>Reinforce positive behaviour as part of the preventive curriculum component of the policy.</i>
<b>2</b> Legal or illegal consumption of alcohol, but not at levels or in circumstances which pose health, social, or personal risks	<i>Emphasize the seriousness of consequences (particularly the legal ones) and the potential susceptibility of students to health, social, and personal problems. This should be part of the preventive curriculum component of the policy.</i>
<b>3</b> Illegal or legal consumption of alcohol or drugs at potentially harmful levels — as yet no negative consequences have emerged	<i>Assess to determine whether early intervention is appropriate. If no negative consequences have emerged, the student should be referred to school counseling staff. If the situation appears serious, refer to an external addictions assessment centre.</i>
<b>4</b> Illegal or legal consumption of alcohol or drugs at harmful levels — negative consequences have emerged	<i>Refer to an external addictions assessment centre or other local resource and provide supportive counseling.</i>

*"If the counsellor judges that the situation is too serious for the in-school program, then he or she refers the student to a community addictions assessment centre."*

### Scope of an early intervention program

A school counsellor assesses a student through a preliminary interview. This session examines consumption levels and patterns, as well as related values and attitudes. The counsellor can also look for any underlying factors influencing behaviour.

If the counsellor judges that the situation is too serious for the in-school program, then he or she refers the student to a community addictions assessment centre or other local resource. A complete diagnosis of the student's needs can then be performed, and further referrals can be made to appropriate treatment programs in the community.

If the counsellor feels that the in-school program would be helpful, the sessions continue. Typically, in-house counseling involves one or two sessions per week over a period ranging from one week to three months.

During these sessions, the counsellor:

- Encourages the student to adopt consumption practices that are "low risk" (not likely to cause problems, such as moderate use of alcohol after the age of 19) or "no risk" (no non-medical use of alcohol or drugs).
- Provides the student with skills and techniques to enable him or her to achieve these goals. These could include how to set drinking limits, how comfortably to refuse a drink or other drugs, or how to avoid drinking and driving. Resources for such techniques can be obtained from community addictions assessment centres, including the Addiction Research Foundation centres listed in Appendix A.
- Assists in identifying underlying problems and helps to resolve them.







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As with addiction problems in any age group, the likelihood of effective intervention depends on how soon it follows the onset of problems. Generally, the earlier the intervention, the greater the likelihood for success. Similarly, an accurate assessment which links the student with the most appropriate form of intervention will also increase the chances of success.

### Student access to assistance

The routes by which students can obtain assistance for alcohol and drug problems must be considered carefully. There are three options:

- Students may refer themselves to the program, either for problems arising from their own use of alcohol or drugs, or from use by their parents or other family members and friends.
- Students may be referred to the program by the school administration following a repeat infraction of the board's policy on alcohol and drug use.
- Students may be referred by a teacher, parent, or other adult who is aware of harmful consumption practices or emerging problems. This person could either encourage the student to seek assistance or have the counsellor initiate contact. Should this option be adopted, safeguards will be required to protect the privacy of students and to ensure that only reasonable referrals are made.

Once the board determines the various access routes, it should ensure that all students, parents or guardians, and staff know about the system.

### Confidentiality and the involvement of parents or guardians

In the course of developing the intervention component of their policies, boards will have to decide when, and to what extent, parents will be included in the process.

Generally speaking, students will shy away from self-referrals unless confidentiality can be assured. Nevertheless, once the process has begun the counseling staff can encourage students to voluntarily involve their parents at various points in the process.

Referrals which result from infractions of the policies on alcohol and drug use will involve parents or legal guardians from the outset (for more information on this type of referral see the next chapter, *Disciplinary Action*).

Referrals based on information provided by other adults and initiated by the counseling staff are more complex. It is unlikely that the student will agree to participate unless confidentiality is assured. When a parent refers a student to the counseling system, counseling staff will have to ensure the parent understands that student confidentiality will have to be accepted as a condition for any subsequent action. The counsellor can, of course, endeavour to convince the student to share information with his or her parents as the intervention progresses.

For a more detailed discussion of the issues surrounding confidentiality, see the companion to this document, *The Legal Rights, Powers, and Obligations of Educators Regarding Student Alcohol and Drug Use*.

*"In the course of developing the intervention component of their policies, boards will have to decide when, and to what extent, parents will be included in the process."*



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## Resources for intervention

**Staff** It will be necessary to allocate counseling staff (either teachers or counsellors) to the development of the program.

**Training** The success of the early intervention component of the board policy depends largely on the quality of training counseling staff receive. Designated counseling staff require special training. This should be provided, not just once, but on an annual basis.

**Other resources** Many of the resources needed for an early intervention program (such as program materials) will already be in the school as part of the preventive curriculum component. In addition, an effective communication program will be required to inform all students and their parents or guardians about the system, and all staff should understand the guidelines by which it is to operate. Again, funds should be designated for this annually.

As with the preventive component, the community will often have agencies that can provide consultative services, training, and program materials. The policy should encourage the development of working relationships with these groups.

Depending on their resources, boards may decide that they are unable to provide a complete in-school early intervention program. In such instances it may be possible to arrange for a community agency to provide the service, allowing the school to function solely as a referral agent.

• • •

The early intervention program is in some respects a natural extension of the preventive curriculum component. With intervention, the positive messages about avoiding alcohol and drugs are focused on students individually rather than on the student body as a whole. In addition, counseling staff try to help students identify and resolve any underlying reasons for the kind of alcohol and drug use which is likely to cause problems.

*"The policy should encourage the development of working relationships with outside agencies that can provide consultative services, training, and program materials."*





## 4 *Disciplinary Action*

*When a student is caught possessing or using alcohol and drugs on school board property or at board-sponsored events, or where students are visibly intoxicated on board property, principals and teachers need clear-cut guidelines on appropriate disciplinary action.*

*The board must define specific infractions regarding tobacco, alcohol, illicit drugs, and inhalants, and must determine sanctions for first and subsequent incidents. Generally, first infractions lead to confiscation of the substance. The student is told that he or she is violating board policy and what the consequences of a second infraction will be. The school also notifies the parents or guardians and enters the infraction in the Ontario Student Record.*

*The procedures for subsequent infractions are similar with the addition of a three-day suspension from school. In some cases the board may modify the suspension or negotiate some form of student service. Repeated violations can result in expulsion if the principal feels it is warranted.*

*When a student is intoxicated on board property, staff must prevent physical harm and ensure that the student gets home safely. The normal disciplinary procedures for first infraction, second infraction, and so forth are applied once the student returns to school sober. In cases where a student is intoxicated and refuses to remain under the care of school officials, the school may have to call the police.*



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The third component of a comprehensive policy covers the possession or use of alcohol and drugs by students on board property or at school-sponsored events. It introduces a set of disciplinary measures which are applied whenever the possession or use of alcohol or drugs is encountered. This component is governed by an overall concern for the health and social well-being of students. That concern is specifically expressed through the board's desire to maintain an alcohol- and drug-free environment.

### Goals and objectives of the disciplinary action component

Disciplinary action is intended primarily to deter any alcohol or drug use on board property or at such school-sponsored activities as dances or field trips, and to deal with students who have consumed alcohol or drugs before coming onto board property and are visibly intoxicated. A possible goal statement might be:

*The goal of disciplinary action is to protect the health and safety of all students by deterring students from using alcohol or drugs on board property or at board-sponsored events, and from coming onto board property or attending such events while being intoxicated.*

Some specific objectives could be:

- To communicate the seriousness of the consequences associated with alcohol and drug use to the student who commits an infraction
- To communicate to all students the fact that infractions will not be tolerated by the school
- To reduce the number of students who consume alcohol or drugs on board property or at board-sponsored events
- To reduce the number of students who are intoxicated on board property or at board-sponsored events

By defining specific infractions and creating clear disciplinary procedures, the school board creates a standard by which infractions of board policy can be identified and addressed. A board should communicate its policy governing use to all students and their parents, as well as to all staff. Given this communication, any breach of board policy can be treated as an informed and wilful act.

### Infractions

The seriousness of alcohol and drug infractions vary according to the threat to health, social, and personal well-being. In some circumstances, legal implications can add to the seriousness of the infraction. A range of five infractions can be used to reflect these differences and can be the basis for educational and, in limited circumstances, legal sanctions. These include:

- Use of tobacco (except in designated smoking areas by students 16 and over)
- Use or possession of alcohol
- Use of inhalants for intoxication
- Use or possession of illicit drugs
- Being intoxicated by alcohol or drugs

It is important in each case to appreciate that the essential nature of the infraction is the same. A student has elected to behave in ways explicitly prohibited by the board, and this is the reason the board responds with disciplinary action. That the offending substance was tobacco, marijuana, or alcohol has little bearing on the *fact* of the infraction. Where it may have some bearing is in the board's efforts to introduce some form of assistance and to protect the student and others from imminent harm.

*"It is important in each case to appreciate that the essential nature of the infraction is the same: a student behaves in ways explicitly prohibited by the board."*





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For each of the five infractions listed above, the policy should express the nature of the board's concern, its position on the specific form of consumption, and the action that will be taken for first and subsequent infractions. This information must be communicated to staff, students, and parents *every year*.

## Possible sanctions

Disciplinary measures are best used sparingly. Boards may choose to adopt a forgiving approach to first infractions.

One way to do this is to initiate a formal discussion with the student for first infractions. The student can be given specific information about the policy and the consequences of a second violation. In this way the general information about board policy that was disseminated to all students becomes a specific message to the offender. The student can then be asked to make an explicit undertaking not to repeat the infraction. A record of the infraction is entered on the Ontario Student Record to establish that the warning has been given, while keeping the information from those who have no reason to know. Finally, it is necessary to advise parents or legal guardians that an infraction has occurred, recognizing that they have the primary responsibility for the student's well-being.

Second and subsequent infractions compel the board to impose sanctions. The list of sanctions is short. It includes informing the student's parents or guardians of the repeat infraction in a three-way interview and imposing a suspension on the student.

The decision to suspend is a difficult choice. For some students, a suspension will impair academic performance which may already be in jeopardy. The self-image of the student, along with his or her relationship with the school, may be altered, creating a permanent antagonism. Thus, the consequences of a suspension may be far-reaching and profound.

For these reasons, boards may on occasion invoke their power to modify a suspension. This option can be used when the suspension is judged to cause more harm than good — for example, if the suspension were to jeopardize the student's academic year. In such cases, a student might be assigned a special project within the school system to be completed on his or her own time. The experience derived from a carefully designed project might increase the student's resolve to avoid further alcohol and drug use.

Along with the suspension, the student should be referred to the intervention program counsellor for an initial interview. In this way, appropriate intervention can begin if there is evidence of alcohol or drug problems. Students cannot be compelled to attend such interviews, but they can be informed that attendance at the interview would be considered in a positive light should further disciplinary measures ever be necessary later.

A final option is for a board to suspend a student and to make an appointment with the intervention program counsellor a condition of reinstatement. It must be appreciated, however, there is a fine line between this option and compelling the student to attend an interview. Moreover, the likelihood for an honest exchange during the interview will probably diminish if the student attends under exceptional duress.

*"For some students, a suspension will impair academic performance. The self-image of the student, along with his or her relationship with the school, may be altered, creating a permanent antagonism."*



## Illegal behaviour by students

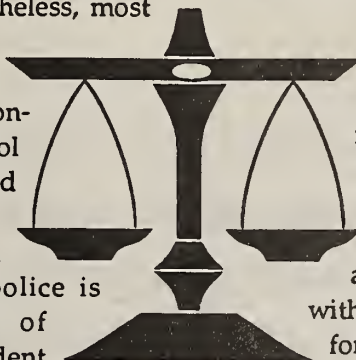
There is no legal onus on the board to contact the police when a student breaks an alcohol or drug law. Nevertheless, most boards will want to strike a sensible balance here. Turning in every student who consumes alcohol prior to a school dance, for example, would overwhelm the police force.

A key consideration in deciding to involve the police is whether there is a risk of immediate harm to the student or others. Thus, while law enforcement is not specifically a goal of the policy, it will be a consideration when the health and safety of students or others is jeopardized.

It is ill-advised to give a staff member (such as the school principal) discretion to decide on a case-by-case basis whether the police should be involved. Whether to call the police is an issue on which board policy should be clear, evenly applied to all students, and open to scrutiny. Under these circumstances, staff would be found at fault only if they failed to apply board policy.

## Resources for disciplinary action

**Staff** Designated staff members will be responsible for disciplinary action.



**Training** Staff members responsible for disciplinary action need up-to-date information on board guidelines for disciplinary procedures. All staff need to be familiar with infractions as defined by board policy and with the recommended procedures for initiating disciplinary action.

**Other resources** All students and parents must be provided with advance information about infractions and the attendant sanctions. There are a number of ways to do this, including letters, newsletters, posters, through local parent-teacher associations, student councils, etc.

The legal issues involved in disciplinary action are discussed more fully in the companion to this document, *The Legal Rights, Powers, and Obligations of Educators Regarding Student Alcohol and Drug Use*.

School boards should consult with the local crown attorney and police to develop appropriate disposal procedures for illegal drugs confiscated from students.

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Disciplinary measures are best used when there is no other choice. The disciplinary action component of board policy should not be motivated by the desire to punish wrongdoers, but by an overall concern for the health and safety of students and staff. Above all, it should be motivated by a strong sense of the duty of educators to maintain a positive learning environment for all students.

*"It is ill-advised to give a staff member (such as the school principal) discretion to decide on a case-by-case basis whether the police should be involved."*





## 5 *Developing a Local Policy*

*Policy development is usually a four- to six-month endeavour. School boards should strike local policy development committees with trustees, staff, and community agency representatives as members. This committee can modify the model policy in this guide as required to match local perspectives and values. Addiction Research Foundation centres are located across the province and can provide consulting services to help with the policy development process.*

*Once an alcohol and drug policy is accepted, the board must strike implementation committees for each of the three components. Again, Foundation staff are available for assistance in the development of implementation plans.*





Board trustees who have read this document will have developed some appreciation of the health, social, personal, and legal reasons for adopting an alcohol and drug policy. It is with this appreciation that the policy development process can be initiated at the local level.

The model policy which follows in the next chapter can be more than an illustrative example. In the context of local policy development processes, boards can use it as a template, introducing modifications wherever their perspective differs.

The steps in developing and implementing an alcohol and drug policy are shown in the chart to the right.

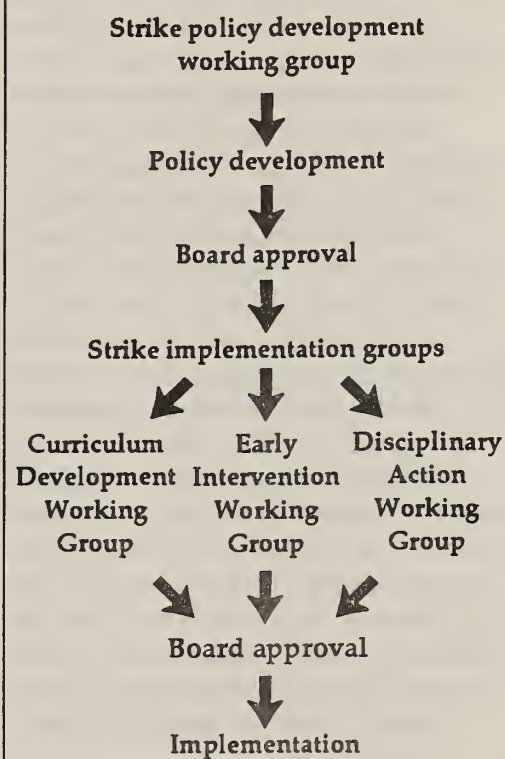
### Policy development working group

The first step is for the trustees to pass a resolution striking a policy development working group. Membership can include board representatives and employees from the administrative, curriculum development, department head, counseling, student, and teaching ranks. This group can be augmented by representatives from parent groups, the local addictions services, and other appropriate agencies. Consultation services can be obtained from any of the Addiction Research Foundation centres in Ontario (see Appendix A for a list).

The purpose of the working group is to draft a comprehensive alcohol and drug policy which serves the needs of the students while reflecting local resources and perspectives. As already suggested, the model policy presented in the next chapter can serve as a starting point for drafting a text and can be elaborated and modified according to the decisions of the local working group.

The policy development process is usually a four- to six-month endeavour. Upon completion, the final text is presented to the full board for acceptance.

Chart: Policy development stages



*"The purpose of the working group is to draft a comprehensive alcohol and drug policy which serves the needs of the students while reflecting local resources and perspectives."*

### Implementation groups

Once the board has adopted the policy, it strikes a number of implementation groups:

- The first develops or refines the preventive curriculum.
- The second develops the early intervention program and plans for associated staff training and orientation of students and parents.
- A third group can attend to the implementation of disciplinary procedures, paying particular attention to the orientation of staff, students, and parents.

A senior member of the board staff should co-ordinate these groups. This person can also oversee the development of related budget submissions and ensure that progress reports are completed and sent to the board.



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## Communicating the policy

All aspects of the board policy on alcohol and drugs — prevention, intervention, and disciplinary action — need to be communicated not only to all staff, but also to students and their parents or guardians. This should be done on an annual basis in a variety of ways: letters, posters, meetings, liaison with school parent-teacher associations, etc.

• • •

The development and implementation of an alcohol and drug policy is a substantial undertaking for a school board. Its success will depend on the level of commitment reflected by the board and on the allocation of sufficient staff and financial resources.

Chapter 1 of the guide introduced a number of reasons why a board would develop an alcohol and drug policy. Alcohol and drugs can have a detrimental effect on student abilities to learn and function in society as well as on the smooth and effective operation of schools. Progress cannot be made in these areas through ill-considered or token effort.

Most school boards will recognize that alcohol- and drug-related issues among students are serious matters and will endeavour to address these issues through the development of well-considered and responsible policies. Boards can further affirm their concern by monitoring the implementation and evaluating the impact of their policies. This approach will enable the system to introduce refinements as required from time to time. In so doing, it accepts that addressing alcohol and drug issues is a continuing process and not a quick and simple "one-shot" event.

*"All aspects of the board policy on alcohol and drugs need to be communicated not only to all staff, but also to students and their parents or guardians."*





## 6 *A Model Policy*

*The preceding chapters have introduced and discussed issues related to a preventive curriculum, early intervention, and discipline. In a number of instances a range of possible board positions has been identified. On the following pages is a model policy to illustrate how these ideas might be applied. The policy is written as if it were produced by an actual board.*



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## BOARD POLICY ON STUDENT ALCOHOL AND DRUG USE

### PREAMBLE

The school board has an interest in the health, social, personal, and legal well-being of students. It recognizes that the consumption of alcohol and drugs can impair individual students' well-being and can also interfere with their ability to learn and to function in society. In addition, the board acknowledges that student alcohol and drug use, either on its property or at its events, interferes with the legitimate academic and extra-curricular interests of other students and staff.

In accordance with these conclusions, the board has adopted this policy to address student alcohol and drug use and the attendant problems. The policy has three principal goals:

- 1 A curriculum designed to prevent alcohol and drug problems
- 2 Identification of, and early intervention into, problems among students for whom preventive efforts have been unsuccessful
- 3 Fair and equitable disciplinary action regarding alcohol- or drug-related infractions

In referring to "alcohol and drugs," alcohol is underscored as the drug most often used by students and most responsible for drug-related problems. The term "drug use" refers to drugs other than alcohol and includes tobacco, illicit drugs, inhalants, and prescription drugs used without the authority of a physician. It does not include drugs prescribed by a physician or over-the-counter medications used with the permission of a parent or legal guardian.

Problems associated with student alcohol and drug use generally fall into four categories: health, social, personal, and legal.

Health problems most often involve injuries and other forms of disability which are primarily the result of accidents. In addition, they can extend to hangovers, general fatigue, and related impairments to learning. Heavier use over time can lead to dependency.

Social problems often involve the loss of friends and a deterioration in ability to function socially. They can include alienation from family members and chronic conflict with authority. Academic standing may fall, along with interest and accomplishment in other areas, such as, sports and other extra-curricular activities.

Personal problems are often reflected in diminished self-esteem. They can lead to bouts of depression and to substantial losses in self-confidence which, in severe cases, can result in alienation from reality, or even in suicide.



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Legal problems arise from breaking the laws which govern the consumption of alcohol or drugs. It is illegal for anyone under 16 years of age to use tobacco in public and for anyone under 19 years of age to possess or use alcohol except in a residence under the supervision of a parent or guardian. Other alcohol laws which govern drinking and driving, public intoxication, places of consumption, and the transportation of alcohol apply to all age groups. Similarly, laws against the use or possession of illicit drugs apply to all ages.

## **PREVENTIVE CURRICULUM**

*The goal of a preventive curriculum is to reduce the incidence of alcohol- and drug-related problems among students by implementing a preventive education curriculum and associated activities.*

The school board proposes to prevent alcohol and drug problems among students by implementing a comprehensive education curriculum. This curriculum will extend from the primary level through the senior secondary level and will be cumulative, such that each year's lessons build on preceding ones and become a base for subsequent material. The curriculum will be linked to the developmental stages of the student and cross-referenced with patterns of student alcohol and drug use so that lessons will be correctly targeted and taught in appropriate ways. The curriculum will be broad-based, covering a wide range of subjects, and will be supplemented by an associated set of informal activities. The curriculum will be developed by representatives from the board, its employees, and outside experts from the community. It will be approved by the board, evaluated regularly, and revised every three years.

The alcohol and drug curriculum has a high level of priority. Its implementation will be the responsibility of the superintendent of curriculum and the principal of each school. Funds for training staff members and the purchase of classroom materials will be specifically designated on an annual basis as part of the normal budget process.

Within the curriculum, specific objectives will be developed for each grade consistent with the overall goal, the students' developmental stage, and patterns of alcohol and drug use.





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## EARLY INTERVENTION INTO ALCOHOL AND DRUG PROBLEMS

*The goal of early intervention is to reduce the use of alcohol and drugs likely to cause problems and the number of existing cases of alcohol and drug-related problems, through the implementation of accessible assessment, counseling, and referral services.*

The school board acknowledges that some students will develop alcohol- and drug-related problems despite the preventive intent of the curriculum. Consistent with the board's concern for the health, social, and personal well-being of students, an early intervention program will be put in place to identify and assess these problems and to provide appropriate counseling and referral services.

The identification of problems can occur in three ways:

- Students who believe they have problems can voluntarily approach the counseling staff for a confidential interview. This could also include students who have problems arising from alcohol or drug use by their parents, other family members, or friends.
- A student may be identified through disciplinary action for alcohol or drug use on board property or at a board-sponsored event. Second infractions may result in the student being strongly encouraged to seek assistance.
- Employees of the board or other interested adults can approach counseling staff and express concerns about a particular student. The staff member will judge whether further action is warranted. If so, a confidential interview will be arranged with the student to determine whether a problem exists and to select an appropriate course of action.

The first step in early intervention is a preliminary assessment interview. At this point counseling staff will determine the nature and extent of any alcohol or drug use, associated problems, and any contributing factors. In so doing, the counsellor will identify the most appropriate type of intervention.

Should the nature of the student's problems warrant, the counsellor will offer a series of sessions designed to develop or reinforce positive levels of awareness, motivation, and skill. When problems appear to be more serious, the counsellor will make a referral to the community agency best equipped to respond. In these cases, the counsellor will maintain regular contact with the student to monitor progress and assist with difficulties.

Students who receive assistance through self-referral, or in response to a request from a school counsellor, will be assured confidentiality. Unless legally compelled to do so, the counsellor will not divulge the fact that assistance is being provided without prior permission from the student. The counsellor will encourage the student to inform his or her parents or legal guardians and to seek their involvement and support.



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When assistance results from a disciplinary procedure, the parents will already be involved. In such cases the counsellor will negotiate with the parents and the student the way in which progress reports will be made. Parents or legal guardians will be involved in the assistance process.

The availability of assistance for students will be communicated to students and their parents or legal guardians every year. Similarly, all teachers will receive an annual orientation to the program with specific reference made to their role as referral agents. Counsellors will be provided with the necessary training for assessment and intervention and will develop referral links with community agencies.

The superintendent of special services will present the board with an annual report detailing the number of student referrals received, a breakdown of the action taken, and a summary of the outcomes for additional evaluation.

## **DISCIPLINARY ACTION**

*The goal of disciplinary action is to protect the health and safety of all students by deterring students from using alcohol or drugs on board property or at board-sponsored events, and from coming onto board property or attending such events while being intoxicated.*

The school board prohibits the use of alcohol or drugs by students while on board property or at events sponsored by the board and its constituent schools. The possession of these substances, with the exception of tobacco and tobacco products, is also prohibited. *[Note: While students over 16 years of age may legally possess tobacco, this provision recognizes that it is the board's legal right to prohibit its use on school property or at school-sponsored events.]*

Violations can occur in five ways:

- Use of tobacco
- Use or possession of alcohol
- Use of inhalants for the purpose of intoxication
- Use or possession of illicit drugs
- Being intoxicated by alcohol or drugs

Specific sanctions will apply to each type of violation.





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## The use of tobacco

*[Note: Boards may elect to designate specific areas for smoking. Here, the infraction would include smoking by students under 18 years, and smoking outside the designated area by students over 18 years.]*

### *First infraction*

- The student is informed that his or her behaviour is an infraction of board policy and that the infraction will be recorded in the Ontario Student Record.
- The student is advised that further disciplinary action will be taken for a subsequent infraction and is asked to acknowledge that he or she understands.
- Parents or legal guardians are informed of the infraction.
- Should the student be under the age of 18 years, the tobacco will be confiscated and returned to the parents or legal guardians. If the student is over the age of 18 years, the tobacco will be confiscated and returned at the end of the term.

### *Subsequent infractions*

- The student is informed that his or her behaviour is an infraction of board policy, and the infraction is recorded in the Ontario Student Record.
- The parents or legal guardians are advised that the student has repeated a violation of board policy.
- Should the student be under the age of 18 years, the tobacco will be confiscated and returned to the parents or legal guardians. If the student is over the age of 18 years, the tobacco will be confiscated and returned at the end of the term.
- The student will be encouraged to enter a smoking cessation program.
- The student will be suspended for three days.

## Use or possession of alcohol

### *First infraction*

- The student is informed that his or her behaviour is an infraction of board policy and that the infraction will be recorded in the Ontario Student Record.



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- The student is advised that further disciplinary action will be taken for a subsequent infraction and is asked to acknowledge that he or she understands.
  - Parents or legal guardians are informed of the infraction.
  - The alcohol is confiscated. If the student is under 19 years of age, the alcohol will be returned to the parents or legal guardians. If the student is 19 years of age or older, the alcohol will be returned at the end of the term.

#### *Subsequent infractions*

- The student is informed that his or her behaviour is an infraction of board policy, and the infraction is recorded in the Ontario Student Record.
- The parents or legal guardians are advised that the student has repeated a violation of board policy.
- The alcohol is confiscated. If the student is under 19 years of age, the alcohol will be returned to the parents or legal guardians. If the student is 19 years of age or older, the alcohol will be returned at the end of the term.
- The student will be suspended for three days and referred to the counseling department for a preliminary assessment interview. The student will not be compelled to accept this referral, but will be advised that compliance is in his or her interests and will be favourably considered should future disciplinary measures ever be necessary.

#### **Use of Inhalants for the purpose of intoxication**

##### *First infraction*

- The student is informed that his or her behaviour is an infraction of board policy and that the infraction will be recorded in the Ontario Student Record.
- The student is advised that further disciplinary action will be taken for a subsequent infraction and is asked to acknowledge that he or she understands.
- Parents or legal guardians are informed of the infraction.
- The inhalant is confiscated and returned to the student's parents or legal guardians.



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### *Subsequent infractions*

- The student is informed that his or her behaviour is an infraction of board policy, and the infraction is recorded in the Ontario Student Record.
- The parents or legal guardians are advised that the student has repeated a violation of board policy.
- The inhalant is confiscated and returned to the student's parents or legal guardians.
- The student will be suspended for three days and referred to the counseling department for a preliminary assessment interview. The student will not be compelled to accept this referral, but will be advised that compliance is in his or her best interests and will be favourably considered should future disciplinary measures be necessary.

### **Use or possession of illicit drugs**

#### *First infraction*

- The student is informed that his or her behaviour is an infraction of board policy and that the infraction will be recorded in the Ontario Student Record.
- The student is advised that further disciplinary action will be taken for a subsequent infraction and is asked to acknowledge that he or she understands.
- Parents or legal guardians are informed of the infraction.
- The illicit drugs are confiscated as prescribed by board authorities.

#### *Subsequent infractions*

- The student is informed that his or her behaviour is an infraction of board policy, and the infraction is recorded in the Ontario Student Record.
- The parents or legal guardians are advised that the student has repeated a violation of board policy.
- The illicit drug is disposed of as prescribed by board authorities.
- The student will be suspended for three days and referred to the counseling department for a preliminary assessment interview. The student will not be compelled to accept this referral, but will be advised that compliance is in his or her best interests and will be favourably considered should future disciplinary measures be necessary.





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## Being intoxicated by alcohol or drugs

### *First infraction*

- The student is detained at the school (or the event) under the supervision of a board employee in order to ensure his or her safety. If the student refuses to stay under supervision, the police are called to retrieve and return the student home. Otherwise, the student's parents or legal guardians are called to retrieve their child. Should parents or legal guardians not be available, attempts are made to find other responsible adults who can take the student home or provide care. If no other option is available, the student is taken to a detoxification centre, hospital or, if necessary, to a police station in order to ensure his or her safety. Parents are advised of the infraction as soon as possible.
- Any alcohol or drugs present are confiscated. If the student is under 19 years of age, alcohol is returned to the student's parents or legal guardians. If the student is 19 years of age or older, the alcohol will be returned at the end of the term. Illicit drugs are disposed of as prescribed by board authorities.
- On a later occasion when the student is no longer intoxicated, he or she will be informed that his or her behaviour was an infraction of board policy. The infraction is entered in the Ontario Student Record.
- The student is advised of further disciplinary action that will be taken for a subsequent infraction and is asked to acknowledge that he or she understands.

### *Subsequent infractions*

- The student is detained in the same manner as for a first infraction.
- Any alcohol or drugs present are confiscated. If the student is under 19 years of age, alcohol is returned to the student's legal guardians. If the student is 19 years of age or older, the alcohol will be returned at the end of the term. Illicit drugs are disposed of as prescribed by board authorities.
- The infraction is entered in the Ontario Student Record.
- The student will be suspended for three days and referred to the counseling department for a preliminary assessment interview. The student will not be compelled to accept this referral but will be advised that it is in his or her best interests and will be favourably considered should future disciplinary measures be necessary.



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### **Further disciplinary action**

Should a student have two or more infractions and fail to accept the referral for a preliminary assessment interview, the principal may impose more severe sanctions in consultation with the superintendent of education. These may include suspensions of up to five days and possible expulsion. In making this decision, three considerations will be taken into account:

- Indications that the student will continue using alcohol or drugs
- Lack of serious concern on the part of the student about the consequences of alcohol or drug use
- The level of disruption imposed on other students, school staff, and the educational process

The imposition of severe sanctions would be justified by an unfavourable assessment in any of the three areas of consideration.

At the beginning of each school year, all students and their parents or legal guardians will be informed in writing of the board's goals, policies, and disciplinary procedures for the possession or use of alcohol and drugs. All staff will be oriented to the procedures and to the steps they must take in any related situation.





# Appendix A: Addiction Research Foundation Centres in Ontario

## Addiction Research Foundation Community Services Division

Mr. John C. La Rocque  
Divisional Director  
33 Russell Street  
Third Floor Tower  
Toronto, Ontario  
M5S 2S1  
(416) 595-6046

## Metro Toronto Regional Office

Mr. Larry Hershfield  
Regional Director  
Metro Toronto Region  
175 College Street  
Toronto, Ontario  
M5T 1P8  
(416) 595-6126

## *MTR/EAP Centre*

Mr. Wilfred Orgias  
Centre Director  
175 College Street  
Toronto, Ontario  
M5T 1P8  
(416) 595-6028

## *MTR/Health Promotion Centre*

Ms. Andrea Stevens  
Lavigne  
Centre Director  
175 College Street  
Toronto, Ontario  
M5T 1P8  
(416) 595-6090

## *Durham Centre*

Mr. Robert Finlay  
Centre Director  
44 Bond St. West  
10th Floor  
Oshawa, Ontario  
L1G 1A4  
(416) 576-6277

## *Georgian Bay Centre*

Mr. James Simon  
Centre Director  
100 Bell Farm Road  
Barrie, Ontario  
L4M 4Y5  
(705) 726-4976

## *Halton Centre*

Mr. Peter Marks  
Centre Director  
3425 Harvester Rd.  
Suite 211  
Burlington, Ontario  
L7N 3N1  
(416) 632-2436/38

## *Peel Centre*

Mr. Frank Fallon  
Centre Director  
Suite 602  
165 Dundas St. West  
Mississauga, Ontario  
L5B 2N6  
(416) 270-1431

## Northern Regional Office

Mr. Glen G. Murray  
Regional Director  
Northern Ontario Region  
144 Pine Street  
Suite 203  
Sudbury, Ontario  
P3C 1X3  
(705) 675-1181

## *EAP Resource Centre*

Mr. Lucien Mageau  
Centre Director  
144 Pine Street  
Suite 203  
Sudbury, Ontario  
P3C 1X3  
(705) 675-1195

## *Kenora Centre*

Mr. Kenneth Moffatt  
Centre Director  
101 Chipman Street  
Kenora, Ontario  
P9N 1V7  
(807) 468-6372

## *North Bay Centre*

Mr. Gerald A. Cooper  
Centre Director  
288 Worthington St. West  
North Bay, Ontario  
P1B 3B4  
(705) 472-3850

## *Sault Ste. Marie Centre*

Mr. Michael A. O'Shea  
Centre Director  
464 Albert St. East  
Walrus II  
Sault Ste. Marie, Ontario  
P6A 2J8  
(705) 256-2226



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*Sudbury Centre*

Mr. Gerald A. Cooper  
Centre Director  
144 Pine Street  
Suite 203  
Sudbury, Ontario  
P3C 1X3  
(705) 675-1195

*Thunder Bay Centre*

Mr. Kenneth Moffatt  
Centre Director  
1265 Arthur Street East  
West Arthur Place  
Suite 104  
Thunder Bay, Ontario  
P7C 4X8  
(807) 622-0607

*Timmins Centre*

Mr. Dennis Bernardi  
Centre Director  
119 Pine Street South  
Pine Plaza, 3rd Floor  
Timmins, Ontario  
P4N 2K3  
(705) 267-6419

*Western Regional Office*

Dr. John R. McCready  
Regional Director  
Western Ontario Region  
20 Hughson St. South  
5th Floor  
Hamilton, Ontario  
L8N 2A1  
(416) 527-8166

*Chatham/Sarnia Centre*

Mr. John S. Zarebski  
Centre Director  
575 Queen Street  
Chatham, Ontario  
N7M 2J7  
(519) 354-1000

*Hamilton Centre*

Mr. Abe Friesen  
Centre Director  
20 Hughson St. South  
Suite 508  
Hamilton, Ontario  
L8N 2A1  
(416) 525-1250

*Kitchener Centre*

Mr. David E. Coleman  
Centre Director  
639 King Street West  
Kitchener, Ontario  
N2G 1C7  
(519) 579-1310

*London Centre*

Mr. Donald C. Morgan  
Centre Director  
414 Dufferin Avenue  
London, Ontario  
N6B 1Z6  
(519) 433-3171

*Niagara Centre*

Mrs. Karen Ferruccio  
Centre Director  
63 Church St.  
Suite 410  
St. Catharines, Ontario  
L2R 3C4  
(416) 685-1361

*Owen Sound Centre*

Mr. David A. Docherty  
Centre Manager  
595 9th Avenue East  
County Building  
Owen Sound, Ontario  
N4K 3E3  
(519) 371-1861

*Simcoe Centre*

Centre Director  
191 Queensway West  
Suite 1  
Simcoe, Ontario  
N3Y 2M8  
(519) 426-7260

*Windsor Centre*

Mr. Einer Lund  
Centre Director  
2090 Wyandotte Street East  
Windsor, Ontario  
N8Y 1E6  
(519) 253-1146

*Eastern Regional Office*

Dr. Lynn Lightfoot  
Regional Director (Acting)  
Eastern Ontario Region  
383 Parkdale Avenue  
Suite 310  
Ottawa, Ontario  
K1Y 4R4  
(613) 728-4104

*Belleville Centre*

Centre Director  
248 Bridge Street East  
Belleville, Ontario  
K8N 1P1  
(613) 962-9482

*Cornwall Centre*

Rev. Peter Barkway  
Centre Manager  
General Hospital  
Cornwall, Ontario  
K6H 1Z5  
(613) 932-3300

*Kingston Centre*

Ms. Betty-Anne Howard  
Centre Director (Acting)  
309 Alfred Street  
Kingston, Ontario  
K7L 3S4  
(613) 546-4266

*Ottawa/Carleton Centre*

Ms. Helen Youngson  
Centre Director  
383 Parkdale Avenue  
Suite 304  
Ottawa, Ontario  
K1Y 4R4  
(613) 722-1075

*Pembroke Centre*

Mr. Larry M. Sobol  
Centre Manager  
77 Mary Street  
Suite 201  
Pembroke, Ontario  
K8A 5V4  
(613) 735-1023



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*Perth Centre*

Ms. Christine Bois  
Centre Director  
45 Drummond Street  
Perth, Ontario  
K7H 2J9  
(613) 267-1152

*Peterborough Centre*

Mr. Brian Mitchell  
Centre Director  
223 Aylmer Street North  
Peterborough, Ontario  
K9J 3K3  
(705) 748-9830

**Community Programs**

**Evaluation Centre**

Dr. Marlo R. Faveri  
Director, Community  
Programs  
Evaluation Centre  
c/o University of Western  
Ontario  
London, Ontario  
N6A 5B9  
(519) 661-3042











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